

Exhibit D

SCHWARTZ & PONTERIO, PLLC

ATTORNEYS AT LAW

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New York, New York 10001-5304

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September 5, 2014

BY US MAIL

Jeff Movit, Esq.
Mitchell Silberberg & Knupp LLP
12 East 49th Street, 30th Floor
New York, NY 10017
(917) 546-7708 (direct)

Re: New Old Music Group, Inc. v. Gottwald, *et al.*
S.D.N.Y. 13 CV 9013
Our File No. 4020.02

Dear Mr. Movit:

Please find Mr. Payne's Invoice and travel expenses enclosed.

Very truly yours,



Brian Levenson, Esq.

Jim Payne

REDACTED

INVOICE

Sept. 1, 2014

Deposition: Zimba Ku/Price Tag Case

Travel time:

Aug. 23, Carmel Valley to NYC, 12 hrs.

Aug. 25, NYC to Carmel Valley, 11hrs.

Rate: \$400/hr.

Total: \$9200

Preparation for deposition:

Weds. Aug. 20, 2 hrs.

Thurs. Aug. 21, 4 hrs.

Fri. Aug. 22, 3 hrs.

Sun. Aug. 24, 3.5 hrs.

Total: \$5000

Deposition:

Aug. 25, 7 hrs.

Total: \$2800

Total: \$17,000

Thank you very much,

Jim Payne



Transaction Details Prepared for
James M Payne
Account Number

REDACTED

Date	Description	Card Member	Amount
AUG 12 2014	Travel Insurance PolRichmond	J FITZPATRICK PAYNE	\$28.68

Doing business as:

ALLIANZ GLOBAL ASSISTANCE

2805 N PARHAM RD

RICHMOND

VA

23294-4401

UNITED STATES

Additional Information: INSURANCE SALES

Reference: 320142250178665187

Category: Business Services - Insurance Services

Transaction Details

Description

210012203387

221
28.88
651.60
85.59
79.00
944.60
\$ 1289.67
212 714-1264



Transaction Details Prepared for
James M Payne
Account Number

REDACTED

Date	Description	Card Member	Amount
AUG 12 2014	AA AIR TICKET SALE 4DALLAS TX	JAMES M PAYNE	\$651.60

Doing business as:

AMERICAN AIRLINES E TKT

AMERICAN AIRLINES-CCS

7645 E 63RD ST, SUITE 600

TULSA

OK

74133

UNITED STATES

Flight Details

MONTEREY
PENINSULA



LOS ANGELES
INTERN

LOS ANGELES
INTERN



N.Y. J F KENNEDY I

Additional Information: AMERICAN AIRLINES

Ticket Number: 0012340767276

Reference: 320142250177104125

Date of Departure: 08/23

Category: Travel - Airline

Passenger Name: PAYNE/JAMES

Document Type: PASSENGER TICKET

1 YOU HAVE NOT CREATED ANY
TAGS YET. TO GET STARTED,
TYPE A NEW TAG NAME IN THE
TEXTBOX BELOW, THEN CLICK
ON THE "CREATE" BUTTON.

Create

CREATE A NEW TAG

Enter Tag name

Create Tag

SHARED

THIS TAG IS SHARED AND CAN ALSO BE USED BY ADDITIONAL CARD MEMBERS

PRIVATE

THIS TAG IS PRIVATE AND CAN ONLY BE USED BY YOU

TAG MULTIPLE TRANSACTIONS

CREATE RULE



Transaction Details Prepared for
James M Payne
Account Number

REDACTED

Date	Description	Card Member	Amount
AUG 12 2014	AA MISC SALE/ TAX/ FDALLAS TX	JAMES M PAYNE	\$85.59

Doing business as:

AMERICAN AIRLINES E TKT

AMERICAN AIRLINES-CCS

7645 E 63RD ST, SUITE 600

TULSA

OK

74133

UNITED STATES

Additional Information: AMERICAN AIRLINES

Reference: 320142250177104118

Category: Travel - Airline

Flight Details

Ticket Number: 0010654295643

Date of Departure: 08/12/23

Passenger Name: PAYNE/JAMES

Document Type: MISCELLANEOUS TAX(S)/FEE(S)



Transaction Details Prepared for
James M Payne
Account Number

REDACTED

Date	Description	Card Member	Amount
AUG 12 2014	UNITED AIRLINES HOUSTON TX	J FITZPATRICK PAYNE	\$79.00

Doing business as:

UNITED AIRLINES
DEPT HQJ-CM
600 JEFFERSON STREET
HOUSTON
TX
77002-7363
UNITED STATES

Additional Information: UNITED AIRLINES

Reference: 320142250172795640

Category: Travel - Airline

Flight Details

N.Y. NEWARK INTL A



LOS ANGELES
INTERN

Ticket Number: 01629214494736

Date of Departure: 08/25

Passenger Name: PAYNE /ECONOMY PLUS S

Document Type: SPECIAL SERVICE TICKET



Transaction Details Prepared for
James M Payne
Account Number

REDACTED

Date	Description	Card Member	Amount
AUG 12 2014	UNITED AIRLINES HOUSTON TX	J FITZPATRICK PAYNE	\$444.60

Doing business as:

UNITED ELEC TICKETNG

600 JEFFERSON ST

STE 1900

HOUSTON

TX

77002-7393

UNITED STATES

Flight Details

N.Y. NEWARK INTL A



**LOS ANGELES
INTERN**

LOS ANGELES
INTERN



**MONTEREY
PENINSULA**

Additional Information: UNITED AIRLINES

Ticket Number: 01624184153896

Reference: 320142250172687402

Date of Departure: 08/25

Category: Travel - Airline

Passenger Name: PAYNE/JAMESMMR

Document Type: PASSENGER TICKET



CONRAD



Garden Inn



Homewood Suites

**HILTON GARDEN INN NEW YORK CHELSEA****Credit Card Payment Authorization Form**

Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 5 business days prior to the Check-In, or by specified date in Event Contract, to ensure acceptance of the credit card to be charged. Do not send completed form by email.

FAX COMPLETED FORM TO: 212-564-6581

ATTN: _____

CARDHOLDER - Please complete the following section and sign/date below.

Guest / Group Name:	James Payne			
Confirmation number:	REDACTED			
Check-In / Event Date:	8/23/14			
Name of Person/Group Making Reservation:	John Pontecorvo/Schwartz + Pontecorvo PLLC			
Cardholder Name as it Appears on Credit Card:	John Pontecorvo			
Cardholder Billing Address:	REDACTED			
City: NY	State: NY	Zip:		
Daytime /Business Telephone:	Evening Telephone: _____			
Credit Card Number:	REDACTED		Expiration Date: _____	
Credit Card Type: (Circle one)				
Visa/MasterCard	American Express	Discover	JCB	Diners Club
Credit Card Issuing Bank Name:	Bank Phone Number (from back of your credit card): _____			
REDACTED				
I agree to cover the following categories of charges: (Please circle)				
All Charges	Room & Tax	Food & Beverage	Retail	Recreation
I agree to cover the above categories of charges up to a Maximum Amount of \$ _____				
DIRECT BILL ACCOUNT PAYMENTS ONLY: (For direct billing customers paying by credit card)				
Name on Invoice/Statement _____	Date on Invoice/Statement _____			
Invoice/Statement Number _____	Authorized Amount \$ _____			

Note: Charges for room and tax, group deposits or direct bill account payments will be charged to your credit card immediately. Any incidental charges circled above will be charged at the time of check-out.

Amount to be immediately charged to credit card for room and taxes or deposit: \$ 475.18

Final Balance Billed to Credit Card (hotel use only): \$ _____

By signing below, you authorize the hotel to charge your credit card immediately for the amount indicated above up to the "Maximum Amount" indicated above. You further acknowledge that if "all charges" has been selected, then all guest/group related charges (less Deposit) will be charged to the above card number at the time of check-out or event conclusion.

Cardholder Signature: John PontecorvoDate: 8/21/14

HOTEL USE ONLY:

Authorized Amount:	Approval Code:	Date:
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